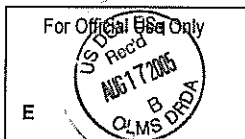


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11387</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>Malcolm</u> P.O. Box, Bldg., Room No., if any Street <u>730 Federal Avenue</u> City <u>Kenilworth</u> State <u>New Jersey</u> ZIP Code + 4 <u>07033-1716</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers AFL-CIO LU 480</u> Labor Organization File Number <u>035-299</u> P.O. Box, Building and Room Number, if any Street <u>730 Federal Avenue</u> City <u>Kenilworth</u> State <u>New Jersey</u> ZIP Code + 4 <u>07033-1716</u>
5. Position in labor organization. <u>Business Mgr/Financial Secty Treas</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*John R. Malcolm*

On

8/12/06  
Date

908-245-0027

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Park Avenue

City New York

State New York

ZIP Code + 4 10016

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$203

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name A Healthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 499 Washington Blvd

City Jersey City

State New Jersey

ZIP Code + 4 07310

## 14.a. Nature of payment.

Health Care Consultant  
Dinner while attending National Building Trades Conference.13.b. Is the Business an Employer ☐or Consultant ☒ ?

## 14.b. Amount of payment.

\$233

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name MBIA Securities Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 113 King Street

City Armonk

State New York

ZIP Code + 4 10504

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$85

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Buckhead Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1545 Peachtree Street NE, Suite 55

City Atlanta

State Georgia

ZIP Code + 4 30309

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$150

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ark Asset Management Co., Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 Broad Street

City New York

State New York

ZIP Code + 4 10004

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$150

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Horizon Blue Cross Blue Shield

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1609

Street

City Newark

State New Jersey

ZIP Code + 4 07101

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs Health Care consulting for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings - \$130

Golf Outing - \$150

## 12.b. Amount.

\$280

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Bank of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Wall Street

City New York

State New York

ZIP Code + 4 10286

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs custodial services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$75

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lazard Freres Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 Rockefeller Plaza

City New York

State New York

ZIP Code + 4 10020

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$75



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Fox Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 44 Sycamore Avenue

City Little Silver

State New Jersey

ZIP Code + 4 07739

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$120

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Moore Stephens, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 340 North Ave

City Cranford

State New Jersey ZIP Code + 4 07016-2496

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Fund Accountant for Welfare and Pension Funds.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Golf Outing and Dinner

## 12.b. Amount.

\$165

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey ZIP Code + 4 07081-1310

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee of Iron Workers District Council Health and Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of expenses related to attendance at Board of Trustee meetings.

## 12.b. Amount.

\$232

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Iron Workers District Council of Northern NJ

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey ZIP Code + 4 07081-1310

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee of Iron Workers District Council Apprentice Fund.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of expenses related to Attendance of Apprentice Graduation.

## 12.b. Amount.

\$51

Name of Person Filing John Malcolm

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey ZIP Code + 4 07081-1310

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee of Iron Workers District Council Health and Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of expenses related to attendance of International Foundation Conference.

## 12.b. Amount.

\$4,352

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name StoneRidge Investment Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7 Great Valley Parkway

City Malvern

State Pennsylvania

ZIP Code + 4 19355

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meals provided at meetings

## 12.b. Amount.

\$75

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Smith Barney Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 948

Street 325 Columbia Turnpike

City Florham Park

State New Jersey

ZIP Code + 4 07932

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Northern NJ

Trade Name, if any: Health Welfare and Pension Funds

P.O. Box, Bldg., Room No., if any

Street 12 Edison Place

City Springfield

State New Jersey

ZIP Code + 4 07081-1310

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Golf Outing

## 12.b. Amount.

\$150

## **LM-30 Attachment**

Ending date of report period: 12/31/04  
LM-30 File Number: To be assigned

LM-30 Items  
Number

8, 9, 11a and 11b	Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.
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